



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Texas Health P.O. Box 600324 Dallas, TX 75360	MDR Tracking No.: M4-05-B041-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Co. Box 54	Date of Injury:
	Employer's Name: Stream Realty Partners LP
	Insurance Carrier's No.: 99F0000404169

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor's position summary states in part, "...CPT code 90801 does not require pre-authorization per TWCC Rule 134.600. This patient has a compensable injury and our facility treated the patient for symptoms directly related to that compensable injury...CPT code 96100 was pre-authorized by the Texas Mutual utilization review company..."

Principle Documentation:

1. Requestor's position summary
2. HCFA 1500's
3. Letter of Preauthorization dated 4/8/03
4. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent's position summary states in part, "...This carrier has denied that the services in dispute are related to the 02/09/05 work injury..."

Principle Documentation:

1. Respondent's position summary
2. PLN1

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
03/31/05	90801	1	\$193.40
05/02/05	96100	2	\$96.35
TOTAL DUE			\$289.75

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Commission Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

This dispute relates to procedures 90801 (psych diagnostic interview) and 96100 (psychological testing) and was denied with payment exception codes of "W4, W2, 891, and 245 – Workers' Compensation claim adjudicated as non-compensable; Carrier not liable for claim or service/treatment; and Carrier is disputing the liability of the claim or compensation of the injury. Final adjudication has not taken place." A Contested Case Hearing held on 07/18/05 adjudicated the claim for the claimant; therefore, the disputed dates of service will be reviewed in accordance with Commission Rule 134.202.

1. CPT Code 90801 – According to Rule 134.202(b) and (c)(1) submitted initial consultation report supports

services were rendered. Reimbursement in the amount of \$193.40 is recommended.

2. CPT Code 96100 – The Requestor obtained preauthorization as required by Rule 134.600(h)(4); therefore, per Rule 134.202(b) and (c)(1) the submitted psychological testing report support services were rendered. Reimbursement in the amount of \$96.35 is recommended.

Therefore it is the conclusion of the Medical Review Division that additional reimbursement in the amount of \$289.75 is due the requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 413.011(a-d)
28 Texas Administrative Code Sec. 134.202
28 Texas Administrative Code Sec. 134.600(h)(4)

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to additional reimbursement in the amount of **\$289.75**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:

Marguerite Foster

January 5, 2006

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.